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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **CUSTOMER INFORMATION** | ***Company Name:***   |  | | --- | |  | | | | | **Address:**   |  | | --- | |  | | | ***Contact Name:***   |  | | --- | |  | | | ***Email:***   |  | | --- | |  | | | ***Telephone:***   |  | | --- | |  | |
| **2. APPLICATION INFORMATION** | ***Application (Agro., Ind., etc.):***   |  | | --- | |  | | | | | ***Type of equipment (man lift, crane etc.):***   |  | | --- | |  | | | | ***Special Application Information:***   |  | | --- | |  | | | | |
| **3. TYPE OF SEAL** | **N.B. All dimensions should be in inches. If otherwise, please specify on the sheet.** | | | | | | | | | | |
| **Piston Seal**  ***Style***   |  | | --- | |  | | ***Bore ID:***   |  | | --- | |  | | | | ***Bore Material***   |  | | --- | |  |   ***Ra (µ ins)***   |  | | --- | |  | | ***Groove Ø:***   |  | | --- | |  | | | ***Piston Material***   |  | | --- | |  |   ***Ra (µ ins)***   |  | | --- | |  | | ***Groove A/L***   |  | | --- | |  | | | ***Piston OD:***   |  | | --- | |  | | |
| **Rod Seal**  ***Style***   |  | | --- | |  | | ***Rod OD:***   |  | | --- | |  | | | | ***Rod Material***   |  | | --- | |  |   ***R­a (µ ins)***   |  | | --- | |  |   ***Rod Coating***   |  | | --- | |  | | ***Groove Ø:***   |  | | --- | |  | | | ***Gland Material***   |  | | --- | |  |   ***Ra (µ ins)***   |  | | --- | |  | | ***Groove A/L***   |  | | --- | |  | | | ***Throat Ø***   |  | | --- | |  | | |
| **Wiper**  ***Style***   |  | | --- | |  | |
| **Buffer Seal**  ***Style***   |  | | --- | |  | |
| **Other\*** | **\*If “Other” please provide details**   |  | | --- | |  | | | | | | | | | | | |
| 1. **MOTION** | | | | | 1. **OPERATING CONDITIONS** | | | | | 1. **APPROVAL REQUIREMENTS** | |
| **Static** | **Oscillatory** | | | | **Fluid** | | **Temperature** | **Pressure** | | **PPAP** | |
| **Dithering**  **Freq. (Hzs)**   |  | | --- | |  | | **Cycles CW**   |  | | --- | |  | | | | | **Fluid being sealed:**   |  | | --- | |  | | | **Units**  **o F**  **o C** | **Units**  **psi**  **MPa** | | **Is a PPAP required?**  **Yes**  **No** | |
| **Rotary** | **Cycles CCW**   |  | | --- | |  | | | | | **Fluid Level relative to shaft:**   |  | | --- | |  | | | **Max. T**   |  | | --- | |  |   **Operating T**   |  | | --- | |  |   **Min. T**   |  | | --- | |  |   **Time @ TMax**   |  | | --- | |  | | **Max. P**   |  | | --- | |  |   **Operating P**   |  | | --- | |  |   **Min. P**   |  | | --- | |  |   **Time @ PMax**   |  | | --- | |  | | | **If “Yes!” what level?**   |  | | --- | |  | | |
| **Speed (RPM)**   |  | | --- | |  |   **Duty Cycle**   |  | | --- | |  | | **Speed (RPM)**   |  | | --- | |  |   **Duty Cycle**   |  | | --- | |  | | | | | **Lube Method:**  **Dry**  **Splash**  **Submerged** | | **List special PPAP requirements.** | |
| **Reciprocating** | | | | | |  | | --- | |  | | |
| **Stroke Length (ins):**   |  | | --- | |  | | | | | |
| **Stroke speed (ins/sec):**   |  | | --- | |  |   **Duty Cycle**   |  | | --- | |  | | | | | |
| 1. **VALIDATION TESTING** | | | | | | | | | | | |
| Is testing required for validation?  **Yes**  **No** | | Who is responsible for testing the product?  **HPS**  **Customer** | | | If “HPS” is responsible, provide a brief description of the required test/s.   |  | | --- | |  | | | | | | | |
| 1. ***OTHER CUSTOMER SPECIFIED REQUIREMENTS (Please List all other Requirements in the space provided below).*** | | | | | | | | | | | |
| |  | | --- | |  | | | | | | | | | | | | |
| **Form completed by**   |  | | --- | |  | | | | **Date Completed**   |  | | --- | |  | | | | **Comments:**   |  | | --- | |  | | | | | | |